



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 8000 MAINTENANCE REPORT

RECEIVED

By Carol Day at 1:22 pm, Jul 24, 2015

REPORT #2

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send one copy to Department of Health and Senior Services, and retain one copy in department file.

INSTRUMENT SERIAL NUMBER	LOCATION OF INSTRUMENT	DATE OF INSPECTION	TIME OF INSPECTION
80-006195	CARTHAGE POLICE DEPT	07/15/2015	11:44

CALIBRATION CHECK RESULTS

Test	g/210L	Time
Air Blank	0.000	11:46
Cal Check	0.097	11:47
Air Blank	0.000	11:47
Cal Check	0.096	11:47
Air Blank	0.000	11:48
Cal Check	0.096	11:48
Air Blank	0.000	11:49
Pass		

CALIBRATION CHECK SUMMARY

STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
DRY	33913100	01/01/2016
SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
N/A	N/A	N/A
STANDARD VALUE	STANDARD SUPPLIER	
0.100	ILMO	
CALIBRATION CHECK RESULT 1		
0.097		
CALIBRATION CHECK RESULT 2		
0.096		
CALIBRATION CHECK RESULT 3		
0.096		
MAXIMUM DEVIATION (MUST BE WITHIN 5%)		SPREAD (MUST BE .005 OR LESS)
4.0%		0.001

DIAGNOSTIC TEST RESULTS

Voltage/Current Test	Pass
RAM Test	Pass
EEPROM Checksum Test	Pass
Real Time Clock Test	Pass
DSP Test	Pass
Analytical Stability Test	Pass
Modem Test	Pass
Temperature Regulation Test	Pass
Pass	

RFI TEST RESULTS

Test	g/210L	Time
Air Blank	RFI*	11:49
Air Blank	0.000	11:49
*RFI Detect		
Pass		


NUMBER OF REFUSALS AND SUBJECT BREATH TESTS IN EACH RANGE SINCE LAST MAINTENANCE REPORT

REFUSALS	.00-.04	.05-.09	.10-.14	.15-.19	OVER .19
0	0	0	0	0	0

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

JULY 2015

INSPECTING OFFICER

SIGNATURE 		PRINT NAME BEN VOGT	
TYPE II PERMIT NUMBER 240267		EXPIRATION DATE 06/02/2016	TELEPHONE NUMBER 4172377200



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790
217-245-2183 • Fax: 217-243-7634 • www.ilmoproducts.com

Certificate of Analysis

Certificate ID: 5971
Part #: BAC105L100T
Cylinder Size: 105L
Lot Number: 33913100A3
Expiration: 1/1/2016

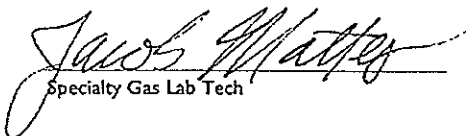
0.100 BAC (For the calibration of instruments used to determine breath alcohol concentration)

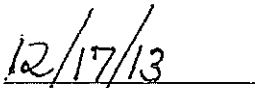
Contents: 105 Liters @ 1000 psig 70°F (21°C)

Component:	Concentration:	Accuracy:	Method:
Ethanol	260 PPM	+/- 0.002 or 2%	NDIR
Nitrogen	Balance	BAC whichever is greater	

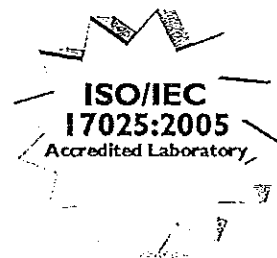
*NIST Standard Reference Material
Cylinder No. CC14290 / Job No. 09160202
Certified 212.8 µmol/mol Ethanol in Nitrogen
for ILMO Products Co., Jacksonville, IL

Store in dry area, away from sources of heat, ignition
and direct sunlight. Do not allow storage area to
exceed 52 °C (125 °F).


Specialty Gas Lab Tech


Date

Distributed by: CMI Inc.
316 East Ninth Street
Owensboro, KY 42303
Phone 866-835-0690
www.alcoholtest.com





STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT
TYPE II
BEN VOGT

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOXILYZER 8000

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 6/2/2014

NUMBER 240267

EXPIRES 6/2/2016

580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator VOGT, BEN
Permit No 240267
Date Issued 6/2/2014 Date Expires 6/2/2016